



Ashburn Youth Football

2002 Health Form



Player Information

Last Name: _____ First: _____ Birth Date: ____ / ____ / ____ Sex: M F

Address: _____ City: _____ Zip: _____

September Grade: ____ Home Phone: _____

General Health *(All AYFL members must complete this section)*

In the space provided please list any allergies, medications, or anything that could inhibit physical exertion.

Physician Use *(Contact football players must have this section completed by a licensed physician)*

COL ____ SEX ____ HEIGHT ____ WEIGHT ____ NUTRITION ____

SKIN ____ GLANDS ____ EYES r ____ l ____ EARS r ____ l ____ NOSE & THROAT ____

HEART ____ LUNGS ____ DEFORMITIES ____ NERVOUS SYSTEM ____

GENERAL PHYSICAL COMMENTS ALLERGIES ETC.

This certifies that I have this day examined the above named patient and have found him/her to be of normal development, in reasonable health, and physically fit to play football.

Signed: _____

Date: ____ / ____ / ____

Address: _____